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MN024301. BUMED's Virtual Naval Hospital Wows SECNAV
From Bureau of Medicine and Surgery Public Affairs

IOWA CITY, Iowa - Secretary of the Navy Gordon England visited the source of the Bureau of Medicine and Surgery's Virtual Naval Hospital earlier this week, praising it as a valuable tool that can advise naval healthcare providers on anything from the malaria risks in Afghanistan to heart problems common to fighter pilots.

The Virtual Naval Hospital is an Internet site that allows healthcare providers to access the most current medical information and records. While originally developed as a resource for Navy Medicine, it is also used extensively by the U. S. Coast Guard, as well as medical personnel from Canada, Great Britain and Greece. While much of the information on the site is technically oriented, there is a section that contains health and wellness information explained in layman's terms.

The site recorded 8 million hits with 4 million pages read last year. The year before, it received 5 million hits and 3 million pages read.

One of the advantages of the VNH is that it can disseminate reliable information quickly. For example, before sending Sailors and Marines into Afghanistan last year, the website provided educational information about health risks, such as overexposure to the Afghan sun and skin cancer, regional malaria strains, and how to maintain nutritional levels in the mountains.

England noted that the project could be used in the same manner for future deployments.

The VNH originated at the University of Iowa in 1997, and was initially funded by U.S. Navy Space and Naval Warfare Systems Command. BUMED is now the sponsor.

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MN024302. Navy Medicine Homeland Security Medical Advisor, Specialty Leader
Established

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - Bioterrorism expert Navy Capt. Robert Darling, Medical

Corps, has added new duties to his role as medical director of the aeromedical isolation team at U.S. Army Medical Research Institute of Infectious Disease at Ft. Detrick, Md. Because of his expertise in bioterrorism and homeland security, he has been appointed as senior medical advisor to the Navy Medicine Office of Homeland Security and will also serve as the Navy Medical Corps specialty advisor for Homeland Security.

"Fighting terrorism is the single most important objective to ensure our national defense - and we need our very best talent dedicated to the cause," said Rear Adm. Donald C. Arthur, Medical Corps, who established the position as Chief of the Medical Corps. "Captain Rob Darling is our most highly qualified expert and will guide us well."

Darling said he expects to advise on such issues as how best to train Navy Medicine personnel on biological warfare and biological terrorism, early and astute surveillance monitoring, and how best to administer smallpox vaccinations to military members and their families.

Rear Adm. Philip VanLandingham, Medical Service Corps, director of the Navy Medicine Office of Homeland Security, sees Darling's new roles as critical.

"Captain Darling is an internationally prominent leader in bioterrorism and will be a great resource for Navy Medicine and the other services."

Darling can be contacted at robert.darling@det.amedd.army.mil.

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MN024303. Great Lakes Dental Research Gets Expanded Mission, New Name
By Doris Ryan, Bureau of Medicine and Surgery

GREAT LAKES, Ill. - Great Lakes' Naval Dental Research Institute has a new name - Naval Institute for Dental and Biomedical Research (NIDBR).

Over the last 55 years the Navy's dental research efforts have grown from a small unit focused on prevention and treatment of tooth decay and periodontal disease to an integral part of Navy Medicine's global laboratory system. Its new name reflects its expanded mission.

"Our mission has broadened over the years, and it became difficult for people to understand why a laboratory doing dental research would also be doing research focused on infectious agent detection and biological warfare," said Capt. James C. Ragain Jr., Dental Corps, NIDBR Commanding Officer. "Our focus has always been on operational health care. All the work we do supports military operations, or we don't do the work."

NIDBR researchers are developing new tools and techniques to tackle the most difficult dental problems faced in operational settings. One product that will soon be available to Independent Duty Corpsmen (IDC) is a multimedia CD designed to aid in the diagnosis and treatment of common dental emergencies. A second product in development, part of a cooperative research project with a university, is a battlefield restorative dental dressing for hospital corpsmen to use in the field.

Also being developed are new salivary assays to monitor the health of Sailors and Marines. One is designed to verify the immunization status of those who have received the anthrax vaccine series and another to diagnose pulmonary tuberculosis.

"We go where the Sailors and Marines are," said Ragain. "We recently had seven researchers in Okinawa collecting saliva and blood specimens in support of our anthrax vaccine project. We're also working with the Navy's overseas laboratories in Peru, Egypt and Indonesia on the feasibility of setting up field sites to test the TB salivary assay and determine local exposure rates."

NIDBR is fostering collaborations and partnerships with other government agencies, universities and industry to maximize their research investment. The laboratory has a very active program with the Chicago area

VA hospitals.

"We work with other agencies, universities and industry to enhance and expand our research capabilities. We can't do all this work by ourselves," said Ragain. "We don't have the expertise, and it would certainly cost the taxpayer too much for Navy Medicine to grow the infrastructure to develop all the needed expertise. This way we share in the effort and the results so everyone benefits."

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MN024304. Great Lakes Dental Institute and VA Partner in Research
By Lt. Cmdr. Michael Bilak, Medical Service Corps, and Cmdr. Stanton E. Cope, Medical Service Corps, Naval Institute for Dental and Biomedical Research, Great Lakes, Ill.

GREAT LAKES, Ill. - During a time of shrinking resources, the Naval Institute for Dental and Biomedical Research, formerly the Naval Dental Research Institute, has found an innovative way to expand its research capabilities and services by partnering with area Veterans Administration hospitals.

With the chartering of the NIDBR/VA Research Steering Committee in February of 2002, what began as a simple Memorandum of Understanding between NIDBR and the North Chicago VA Medical Center for emergency veterinary coverage has now expanded into a full research partnership.

"The goal of the NIDBR/VA Research Steering Committee has been to expand and increase research collaboration through sharing of non-financial resources, such as research expertise, space and research support," said Capt. James C. Ragain Jr., Dental Corps, NIDBR's commanding officer and chair of the steering committee.

The partnership is already proving to be beneficial. NIDBR is supporting the North Chicago VAMC by providing veterinary services and biostatistical consultation, while the North Chicago VAMC has provided five offices and two laboratories to house NIDBR's bioenvironmental sciences department.

Ultimately, both warfighters and veterans will benefit from this partnership. NIDBR and VA researchers are exploring several opportunities for collaborative research, including development of synthetic skin, use of rapid salivary diagnostics to detect cancer and treatment of shock.

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MN024305. Health Researchers Help Beat the Heat
By Jan Davis, Bureau of Medicine and Surgery

SAN DIEGO - If you've worked in a ship's engineering, laundry, scullery, galley or engineering workspace; exercised outside on a hot and humid day; or even sat in a sauna too long, you know how debilitating heat and humidity can be. In fact, too much heat can make you sick - and in extreme cases, can even threaten your life.

To help prevent heat injuries, Navy and Marine Corps directives, OPNAVINST 5100.19D, NAVMED P-5010, and MCO 6200.1E, require environmental conditions be monitored frequently, sometimes as often as once an hour. Monitoring can be arduous - corpsmen with hand-held meters take wet bulb globe temperature measurements, and from these establish physiological heat exposure limits and flag conditions. It's a time-consuming and tedious - although important - task.

But thanks to an automated system developed at the Naval Health Research Center in San Diego, in collaboration with Naval Sea System Command, U.S. Naval Air Forces Pacific, Naval Surface Warfare Center Carderock Division, and industry, what used to take hospital corpsmen many hours, a machine now calculates instantaneously.

"We started working on the Automated Heat Stress System in 1997," said Jay Heaney, the AHSS project manager at NHRC, who, along with project assistants Cmdr. Dave Horn, Medical Service Corps, at NSWC Carderock and Cmdr. Mike Sokolowski, Medical Service Corps, at AIRPAC tested a prototype AHSS aboard a carrier in the Arabian Gulf. "With technical assistance from Vince Vizzard at Carderock, NHRC began the first shipboard AHSS installations the following year. Now we have them aboard 17 ships, with five more scheduled for this year."

While only DDG-51 class and LHD-1 class ships currently have the system, planning has begun to put them on a carrier.

Since temperatures vary within the numerous shipboard workspaces, 26 units are required for the destroyers. The amphibious ship requires 46 and a carrier would require more than 80.

Shore facilities typically require only one or two AHSS units, but several units may be utilized depending upon the size of the base. The first ashore AHSS units were recently installed at Marine Corps Recruiting Depot in San Diego, and overseas at the U.S. Naval Hospital and 3rd Force Service Support Group in Okinawa. Orders are in for other Navy and Marine Corps facilities in Corpus Christi, Texas; Norfolk, Va.; and Albany, Ga.

The payoff for eliminating this cumbersome work practice of manual data gathering is big - for DDG-51 class ships, it saves 3,300 man hours per year, for LHD-1 class, about 4,500. On carriers, it's expected to save as many as 5,500 hours a year.

"This program is a prime example of how automating a labor intensive work practice can free up personnel to focus on more urgent operations," said Heaney.

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MN024306. Researcher Elevated From Commander to African Chief
By Jan Davis, Bureau of Medicine and Surgery

GHANA - When Cmdr. William O. Rogers, Medical Corps, was assigned last year to the Ghana detachment of Naval Medical Research Unit 3, one of the first things he did was look up some old friends.

Rogers is a one-man medical detachment, researching ways to halt the scourge of malaria that takes its toll on millions of Africans each year. In 1981, before coming on active duty with the Navy, he'd been a volunteer worker with Operation Crossroads in a village in Ghana. He kept in touch, and when he came back, he visited the villagers, offering community development assistance.

"The (village) chief asked if I could help start a scholarship for gifted but needy students from Aboasa," said Rogers. "So we set up a program to pay for school fees, books and uniforms for ten students from primary through high school and beyond."

Last week the first students received their scholarships, and to thank Rogers, the community honored him with a ceremony that "enstooled" him as a chief.

"They dressed me in black and red - colors for grief and war - and sat me on a beat up stool on a ratty sheepskin to show that I would serve in hard times without regard for comfort," said Rogers.

Rogers said that the villagers then sacrificed a sheep and poured its blood on his feet so that he would serve with humility, humble as a sheep. Then all the village women shouted and teased him to see whether he would remain appropriately solemn, as a chief should be.

"Then I swore allegiance - within reasonable limits - to the chief of Aboasa and the paramount chief of Akwamu," he said. "I was draped in white kente cloth, showered with talcum powder, and paraded through the town with a lot of drumming, singing and shouting," said Rogers. He was then seated

so villagers could pay homage to him.

"I thanked them, and told the scholarship recipients that if I'd come back after spending only a short while in town 20 years ago, I expected that if they were successful, they also must come back and help," he said.

Rogers is a member of the Navy Medicine team that is working on development of a malaria vaccine, which may be the best "shot" yet in the fight against malaria. In this century, where malaria was endemic, more man-days were lost to malaria than to bullets. According to the World Health Organization, between one and three million people die each year from malaria, mostly children in Africa.

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MN024307. Arthur Is New NNMC Bethesda Commander

From National Naval Medical Center Bethesda

BETHESDA, Md. - Rear Adm. Donald Arthur, Medical Corps, assumed command of National Naval Medical Center Bethesda Friday, Oct. 4.

He relieved Rear Adm. Kathleen, Martin, Nurse Corps, who became Deputy Surgeon General of the Navy.

Arthur entered naval service in 1974 and holds a medical degree, a Ph.D. in healthcare management, and a law degree. He consecutively completed both Navy operational curricula in flight surgery and undersea medicine.

His additional operational qualifications include surface warfare medical department officer, saturation diving medical officer, hyperbaric (recompression) facility operator, radiation health officer, Navy-Marine Corps parachutist and jumpmaster, and he is qualified in submarines.

He has served aboard ships, overseas, in research, at major stateside naval medical facilities, and with the Marines both at headquarters and during Operations Desert Shield and Storm.

Prior to taking command of NNMC, Arthur served at the Bureau of Medicine Surgery as Assistant Chief for healthcare operations and Chief of the Navy Medical Corps, and ultimately BUMED's Vice Chief and Deputy Surgeon General of the Navy.

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MN024308. 29 Palms Hospital Barracks Is Triple Quality Award Winner By Dan Barber, Naval Hospital Twentynine Palms, Calif.

ROBERT E. BUSH NAVAL HOSPITAL TWENTYNINE PALMS, Calif. - The Robert E. Bush Naval Hospital Bachelor Enlisted Housing (BEH) was named as the winner of the Five Star accreditation and Zumwalt Award, and recently received the Silver Pineapple Award.

The hospital BEH in Twentynine Palms is the first Pacific region Bureau of Medicine and Surgery hospital to receive the Zumwalt.

Just last month the barracks was awarded the Silver Pineapple Award from the American Hotel and Lodging Educational Institute, (AH&IA) for the staff's outstanding services to the barracks residents.

The hospital's barracks is only the third Bureau of Medicine facility to receive the Silver Pineapple; currently 45 naval facilities are Silver Pineapple recipients.

The hospital's barracks earned the Bronze Pineapple Award last year and will qualify for the Gold Pineapple next year. The barracks has to be in existence for more than two years to earn the Gold.

The Zumwalt Award is the most prestigious Navy accreditation the barracks can earn.

"Any award we get for the barracks is not only as a result of our staff's efforts, but the residents who take a great deal of pride in where they live by keeping their home away from home neat and clean," said Mess

Specialist Chief Petty Officer Gregorio Gonzales, the barracks manager.

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MN024309. San Diego's New Khakis Lend Hand at Community Outreach

By JO2(SW) Terrina Weatherspoon, Naval Medical Center San Diego

SAN DIEGO - Naval Medical Center San Diego's chief-selectees lent a hand recently to an organization that does the same for others in need full-time.

The selectees helped provide building maintenance and other odd jobs.

"This is not my first time volunteering for (St. Vincent De Paul)," said Hospital Corpsman Chief Petty Officer selectee Rich Cranston. "I am here often, serving dinner. I see a lot of young kids pass through those lines and I'll never forget the look on their faces, or the smiles that they give me."

St. Vincent's serves over 3,500 meals a day, provides day care to over 150 children, and offers counseling, medical and dental services, family literacy programs, housing, and much more.

"We are seeing more and more families at our doors," said Mark Tsuchiya of St. Vincent. "That's why we value volunteers so much. They save us dollars we would be spending on maintenance. That allows us to reinvest it into other programs."

"America is at war and these (Navy Medicine) Sailors are out serving their country, but still finding time to serve the neediest members right here in their own backyard," said Tsuchiya. "I find that awesome."

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MN024310. Tricareonline.com Arrives World-Wide This Month

CYBERSPACE - Starting October 2002, tricareonline.com will be implemented, in phases, at all military treatment facilities worldwide. It will offer Department of Defense (DoD) beneficiaries, managers and providers an array of interactive features and capabilities that are accessible anytime from any laptop or personal computer. Some features are available now for all beneficiaries, such as a personal health journal, symptom checker, prescription checker, 18 million pages of consumer health information, disease management tools, and TRICARE claims and benefits information.

The first wave of interactive capabilities that TRICARE is implementing with this phase-in are available only for TRICARE Prime, Plus and special category patient beneficiaries who will have access to features such as online appointment scheduling with their MTF primary care managers. More interactive capabilities will be added over the next year, such as prescription refills and renewals and scheduling for a broader range of specialty and clinic appointments. Requests for routine tests and limited patient-to-provider e-mail also will be forthcoming in 2003.

Tricareonline.com is one of the most significant changes in the military health system since the creation of TRICARE itself. As a dot-com, it is accessible from any personal computer or laptop in the world with an Internet connection. Once fully deployed, all TRICARE patient, provider and manager transactions will be routed through a single, secure, electronic portal. By linking 8.7 million beneficiaries, managers and providers, tricareonline.com is the largest program of its kind in military and civilian health care.

Beta testing of tricareonline.com recently was completed in Regions 1 (National Capitol Area), 9 and 11 and Germany. Provider and beneficiary responses exceeded expectations. The program is designed to be intuitive and is easy to navigate, even for new Internet users. The sophistication of the style, features and capabilities moves TRICARE to a new level.

Beneficiaries not located in the regional areas listed above should check with their local MTFs within the next several months for their projected TRICARE Online implementation date.

For more information, click on www.tricareonline.com or call the Worldwide TRICARE Information Center toll free at 866-DoD-EWEB (866-363-3932).

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MN024311. Healthwatch: Adults Need Immunizations, Too

By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON, DC - Schools throughout the country require children to be fully immunized in order to curb widespread illness. But kids aren't the only ones who need to have their immunizations current - they are just as important for adults.

Many adults may not be aware of the importance of immunizations. Truth is, they provide a safe, cost-effective and efficient means of preventing illness and even death from many infectious diseases. Seniors are more vulnerable to illness, compounding the need for routine immunizations.

"Most people tend to think that once you're out of your childhood years, you're done with immunizations, which just isn't true," said Capt. Mark Wallace, Medical Corps, specialty leader for infectious diseases.

While childhood immunizations do offer protection for life, others require boosters at regular intervals.

Some preventable illnesses, once contracted, have no cure and may cause severe health problems and death. Immunizations are readily available for many common illnesses, such as influenza (flu), pneumococcal disease and hepatitis B.

Tetanus and diphtheria boosters are required every 10 years throughout adult life. Adults who have diabetes or certain heart, lung, kidney or liver disorders, as well as all adults aged 65 or older, need to be immunized against pneumococcal disease.

"The vaccines for diphtheria, pneumonia and hepatitis A and B are underutilized by most adults," said Wallace.

Adults born after 1956 should have immunizations against measles, mumps and rubella. Hepatitis B vaccine should be given to certain high-risk groups and hepatitis A is recommended for travelers to certain countries where the rate is high. Those who have not had chickenpox or have not been immunized against it should receive the varicella vaccine.

Annual influenza (flu) vaccinations are a good idea for all adults, especially those over 50 years of age. The vaccine can help you lessen the blow of a case of the flu.

"Patients should be their own advocate for getting immunized by asking questions on vaccines when they see their health care provider," Wallace added.

In large part, today's vaccines are among the safest medications available, although side effects such as a sore arm or low fever are common. But as with any medication, some immunizations can present more serious complications for a small percentage of those who receive them.

If you need more information on your needs for immunizations, talk to your health care provider. It's always a good idea to keep a record of all immunizations for future reference. Stay current with your immunizations and stay healthy.

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Editor's note: October 14-20 is National Adult Immunization Awareness Week.

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